

## INFORMATION DISCLOSURE CITATION

ATTY. DOCKET NO.  
HA0769 NP  
APPLICATION NO.  
10/090,288  
APPLICANT  
YU ET AL.  
FILING DATE  
MARCH 4, 2002

Group



(See several sheets if necessary)

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
RO	AA	5,559,128	9/24/96	Chakravarty et al.			
RO	AB	5,804,578	9/8/98	Chakravarty et al.			
RO	AC	5,919,777	7/6/99	Hansen et al.			
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
RO	AM	WO 00/15657	3/23/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
RO	AN	WO 02/00654	1/3/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
RO	AO	WO 00/44770	8/3/00	WO			<input type="checkbox"/>	<input checked="" type="checkbox"/>
RO	AP	WO 02/15909	2/28/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
RO	AQ	WO 01/91752	12/6/01	WO			<input type="checkbox"/>	<input type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

RO Desai

DATE CONSIDERED

12/23/04

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLAS S	TRANSLATION	
							YES	NO
R <sub>0</sub>	AA	WO 99/58501	11/18/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
R <sub>0</sub>	AB	WO 00/74679	12/14/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
R <sub>0</sub>	AC	WO 99/64002	12/16/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
R <sub>0</sub>	AD	WO 01/70708	9/27/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
R <sub>0</sub>	AE	WO 02/059107	8/1/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
R <sub>0</sub>	AF	WO 02/059108	8/1/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
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	AX						<input type="checkbox"/>	<input type="checkbox"/>
	AY						<input type="checkbox"/>	<input type="checkbox"/>
	AZ						<input type="checkbox"/>	<input type="checkbox"/>

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